FORM (A) E D (A)

NPDES

U.S. Environmental Protection Agency Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of Information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

Outfall Location For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water. A. Outfall Number D. Receiving Water B. Latitude C. Longitude (list) (name) 002 (combines Out 14.00 14.00 12,00 170.00 40.00 40.00 Pago Pago Harbor (from Terminal Outfall 002 combines Outfall 001, 002 from previous permit) falls 001, 002 Refer to SPCC Plan Improvements - Imprevious Areas from previous permit 003 (remains same Pago Pago Harbor (from Fuel Dock OWS) as previous Refer to SPCC Plan Improvements - Impervious Area permits)

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions,		2. Affected Outfalls		4. Final Compliance Date		
Agreements, Etc. number source of discharge		Brief Description of Project	a. req.	b. proj.		
See SPCC Plan Improvements	001,002	Tank Truck Load Rack	Constructing Bottom Load Rack to replace		10/1/07	
			Unleaded gasoline top loading rack and			
			the Diesel & Jet A-1 top loading rack			
See SPCC Plan Improvement	002	Tank Truck Load Racks	Same as above		10/1/07	
See SPCC PLAN Improvement	003	Fuel Dock Deck	Separated the front half of the Fuel		1/1/05	
			Dock from the back half of the Fuel Dock			
			Front half with containment for hose			
			rels drains to oil			
			The state of the s	***************************************		
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B; You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfalls(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage of disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which received storm water discharges from the facility.

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IV. Narra	tive Description of Pollutant So	urces			
A. For eac drained	is outfall, provide an estimate of the area (include f by the cutfall.	units) of imperious surface	ss (including p	aved areas and building roofs) drained to the outfelt, and	an estimate of the total surface area
Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surfece (provide units)	Total Area Drained (provide units)
002	Area A: 60,000 ag. ft. Area B & C: 82,000 ag.ft. Area D: 40,000 ag. ft.	300,800 sq. ft.	603	Harbor Side Fuel Dock Deck 10,000aq, land Side Fuel Dock Deck 10,000 sq.F	ft 10,000sq. ft.
to stori	n water; method of treatment, storage, or vater runoff; materials loading and access	disposal; past and pre	sent materis	three years have been treated, stored or disposer its management practices employed to minimize and frequency in which pesticides, herbicides, soil	contact by these materials with
Sattelite		maintenance pipeli	ine drain:	ored in bulk AST's at the Utulei ter s, used cil are temporarily stored in ums and materials.	
descri		rives, including the sch		nonstructural control measures to reduce pollutar ope of maintenance for control and treatment mea	
Outfall Number		Ť	reatment		List Codes from Table 2F-1
992 993	Daily checks on Outfall Areas Separators is done done per Po	s - Refer to SPCC sre conducted an	Plan Sec d annual	tion VIII AA> Facility DRainage page inapections and cleaning of Oily Wate	14. 11-8, 1-0, 1-0
A. I certif				in tested or evaluated for the presence of nonstor ying Form 2C or From 2E application for the outfet	
	Official Title (<i>type or print</i>) Signs King Jr./ Terminal Mgr	in in			Date Signed 12/02/2015
8. Provid	e a description of the method used, the dat	le of any testing, and the	se onsite dra	iinage points that were directly observed during a t	est.
Provide	icant Leaks or Spills existing information regarding the history late dele and location of the spill or leak, ar			xic or hazardous poliulants at the facility in the released.	last three years, including the
,,	fer to updatedSPCC Plan Attachme				
			·····		
~~~ ~	830.00 (4.00)	m	ana 3 mi s		

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VII. Discharge Information			
1	cesding. Complete one set of tables for each outfall, a included on separate sheets numbers VII-1 and VII-	,	ace provided.
E. Potential discharges not covered by a currently use or manufacture as an inte	nelysis – is any toxic poliutant listed in table 2F-2, rmediate or final product or byproduct?	2F-3, or 2F-4, a substance or a c	emponent of a substance which you
Yes (list all such pollutents b	elow)	No (go to Section IX)	
* Sheers VII-1 and VII-2 Test Res	Data Delieve that any biological test for acute or chronic to years?	ead.	discharges or on a receiving water in
IX. Contract Analysis Information			٠
🛛 Yes (list the name, address,	VII performed by a contract laboratory or consulting land telephone number of, and pollularits	Inn?  No (go to Section X)	
analyzed by, each such		O 3 4 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. Polkutarits Analyzed
A. Name Test America - Honoluin HI. (Formerly Oceanic Analytical Laboratory, Inc.)	B. Address 99-193 Aiea Reights Drive, Suite \$121 Aiea, Hawaii	C. Area Code & Phone No. 96701-3900 Ph: (808) 486-5227	All pullutants tested per NPDMS permits and application requirements.
X. Certification			
that qualified personnel properly gather an directly responsible for gathering the infor	unent and all attachments were prepared under my d evaluate the information submitted. Based on my mation, the information submitted is, to the best of g false information, including the possibility of fine an	inquiry of the person or persons who my knowledge and belief, true, act	nmanage the system of those persons curste, and complete. I am aware that
A. Name & Official Title (Type Or Print)		B. Area Code and Phone No.	······································
Nick King, Terminal Manage	ex	(684) 633-4101	
C. Signature	4	D. Date Signed / 2 - Z - / S	

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## VII. Discharge information (Continued from page 3 of Form 2F)

Part A -- You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

	Maximum Values (include units)			rage Values clude units)	Number	
Pollutarit and CAS Number (If available)	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	of Storm Events Sampled	Sources of Pollulants
Oil and Grease	$\mathcal{N}_{m_{\mathcal{K}}}(\mathcal{P})_{\ell}$	S/L NA		ŕ	1	002B - A
Biological Oxygen Demand (BOD5)	Nonz (B)	44/4			7	002 l-A
Chemical Oxygen Demand (COD)	13.4 mel	<i>"</i>			(	002C-4
Total Suspended Solids (TSS)	14.3 00/				7	007C-A
Total Nitrogen	Mose (B)	h			1	0024-A
Total Phosphorus	0.0325 0	4			/	002C-A
pHi	Minimum	Maximum	Minimum	Maximum		

Part 8 - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

***************************************	(inclu	um Values de units)	Aver (inc	age Values lude units)	Number	
Poliutant and CAS Number (If available)	Grab Sample Taken Ovring First 20 Minutes	Flow-Weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-Weighted Composite	of Storm Events Sampled	Sources of Poliktanta
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LEAD	0.000444/4				į	35 50
ETINIAM984	NOOF (B)				. (	es a
Z-1NC	71,18 174,16				7	1× "
TOTAL MOLLEGE	Lleorl Bi				j	v- 4
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816 9 GARAGE	Alcon (35) (					0020 - A
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Page VII-1

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ontinued from Part C - List req	each politizant show	vn in Table 2F-2, 2F-3, sone table for each ou	and 2F-4 that yo tall.	u know or have reason to	believ	e is present. Se	e the instruct	ions for additional details an
Pollutent		m Values <i>te units)</i>	Ave (în Grab Sample	rage Values dude uniks)	umber of			
and CAS Number (if available)	Taken During First 20 Minutes	en During Taken During   Flow-Weighted   First 20   Flow-Weighted   Flow-Weighted		8	Storm Svents ampled	So.	roes of Pollutarits	
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Please print or type in the unshaded areas only.						Form Approved. OMB No. 2040-0086.				
FORM			U.S. ENVIRONMENTAL PROTECTION AGENCY							
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GENERAL					uctions" befo		F			D
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I. EPA I.D.	NUMBER						is incorrect, cross through it and ent	er the o	correct	data in the
							appropriate fill-in area below. Also, it is absent (the area to the left of	any of t he lab	he prep el spac	irinted data
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submit this for you answer "no	m and the suppler o" to each question	mental form listed in the pare	nthesi f these	s follo forms bold-i	wing the qu s. You may faced term:	estion. Mark "X" in the box in answer "no" if your activity is	the EFA. If you answer yes to all the third column if the supplement excluded from permit requirements	tal for	m is at	tached if
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	SPECIFIC QU		ļ		ATTACHED	***************************************	QUESTIONS	,		ATTACHED
		ned treatment works which	ł	X			y (either existing or proposed) animal feeding operation or			
1000101114	results in a discharge to waters of the U.S.? (FORM 2A)					aquatic animal produc	tion facility which results in a			
-,,,,			16 17 18 discharge to waters of the U.S.? (FORM 2B)		19	20	21			
	Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B		X			D. Is this a proposed facility	(other than those described in A		V	
above? (FO		it tilose described in A Oi p	22	<u></u>	24	the U.S.? (FORM 2D)	or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		20	
E. Does or w	ill this facility tr	reat, store, or dispose of	-22	23		F. Do you or will you in	Do you or will you inject at this facility industrial or			27
	wastes? (FORM 3			lΧ		municipal effluent be	low the lowermost stratum		X	
				ļ			quarter mile of the well bore, trinking water? (FORM 4)			
C Do you or w	ill was injust of this	s facility any produced water	28	29	30			31	22	33
or other flu	iids which are	brought to the surface in				processes such as mining	t at this facility fluids for special g of sulfur by the Frasch process,			
		oil or natural gas production,		X	ŀ	solution mining of miner	rals, in situ combustion of fossil		X	
		ed recovery of oil or natural age of liquid hydrocarbons?				fuel, or recovery of geoth	ermai energy? (FURM 4)			
(FORM 4)		g	34	35	36			37	32	30
I. Is this facility	y a proposed stat	lonary source which is one	1			J. Is this facility a propos	ed stationary source which is			
		listed in the instructions and		IX	}		dustrial categories listed in the		$ \mathbf{x} $	
		00 tons per year of any air Clean Air Act and may affect		,			vill potentially emit 250 tons per regulated under the Clean Air Act		^	
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III. NAME OF										
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IV. FACILITY	CONTACT									
		A. NAME & TITLE (last	, first,	& title,)		B. PHONE (area code & no.)	Bases avenue	<u> Incorporation</u>	
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CONTINUED FROM THE FRONT		
VII. SIC CODES (4-digit, in order of priority)	2 0700MD	
A. FIRST	B. SECOND	
7 5171 Petroleum Products	c (specify) 7 n/a specify	
C. THIRD	D. FOURTH	
2 1, 1 1 (specify)	6	
7 n/a n/a	/ n/a	
(15 1 16 - 10) VIII. OPERATOR INFORMATION	(15 F8 · 19)	
A. NAME	B. is the name listed in	Item
8 PE Southwest Pacific Ltd. Utulei Terminal	VIII-A also the owner?	
	D YES Ø NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the	answer box: if "Other." specify.) D. PHONE (area code & no	1
c - cenepal (s	pecify)	
M = PUBLIC (atter than jederal or state) D	A (684) 633-41	01.
P = PRIVATE	18 5 - 18 18 - 21 22	28
E. STREET OR P.O. BOX		
PO Box 488		
36	*	
F. CITY OR TOWN	G. STATE H. ZIP CODE IX. INDIAN LAND	
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X, EXISTING ENVIRONMENTAL PERMITS		
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C. RCRA (Hazardoùs Wustes)	E. OTHER (specify)	
	(specify)	
150 151 17 155 20 15 17 15 20 15 17 18	n/a 80	
XI, MAP		
Attach to this application a topographic map of the area extending to at least one	mile beyond property boundaries. The map must show the outline of the fac	ility, the
location of each of its existing and proposed intake and discharge structures, each	of its hazardous waste treatment, storage, or disposal facilities, and each well	
injects fluids underground. Include all springs, rivers, and other surface water bodies	in the map area, See instructions for precise requirements.	
XII. NATURE OF BUSINESS (provide a brief description)		
This Facility is own by the American Samoa Government a	nd operated via correct by Dacific Preyow SWD LTD	mbro.
Facility is primarily engaged in the receipt, storage a		
bulk liquid storage tanks. The main tank farm terminal		
three underground pipelines approximately 1/2 miles in line of Utulei and Pagatogo Villages. The facility also	length from the fuel dock which is located on the bo congrates the Airport sattelite tank farm which some	order
the airport fuel. The facility stores and distributes t	he island(s) fuel; land from the main Tank Farm term	minal,
sea from the Fuel Dock and air from the Airport Tank Fa	rm sattelite.	
XIII. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally examined and am familiar with	the information submitted in this application and all attachments and that, base	d on my
Inquiry of those persons immediately responsible for obtaining the information continued to the informa		mplete. I
am aware that there are significant penalties for submitting false information, includi		
A. NAME & OFFICIAL TITLE (type or print) B. SIGNATUR	E C. DATE SIGNED	
Nick King / Terminal Manager	A (10/4) + + + 11/03/2015	
many ward / remarker stanager	[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
COMMENTS FOR OFFICIAL USE ONLY	,	
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